

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: N

Computer Readable Form (CRF)?:: N

Number of Copies of CRF::

Title:: Ureteral Stent with Small Bladder Tail(s)

Attorney Docket Number:: BSC-067C2

Request for Early Publication?:: N

Request for Non-Publication?:: N

Suggested Drawing Figure::

Total Drawing Sheets:: 12

Small Entity?:: N

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: N

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.

Status:: Full Capacity

Given Name:: Ralph

Middle Name:: V.

Family Name:: Clayman

Name Suffix::

City of Residence:: Clayton

State or Province of Residence:: MO
Country of Residence:: U.S.
Street of Mailing Address:: 14 Ridgemoor Drive
City of Mailing Address:: Clayton
State or Province of Mailing Address:: MO
Country of Mailing Address:: U.S.
Postal or Zip Code of Mailing Address:: 63105

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Alyssa
Middle Name:: J.
Family Name:: Dassa
Name Suffix::
City of Residence:: Wayne
State or Province of Residence:: NJ
Country of Residence:: U.S.
Street of Mailing Address:: 151 Beech Terrace
City of Mailing Address:: Wayne
State or Province of Mailing Address:: NJ
Country of Mailing Address:: U.S.
Postal or Zip Code of Mailing Address:: 07470

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Christopher
Middle Name::
Family Name:: Fishbein
Name Suffix::
City of Residence:: Medway
State or Province of Residence:: MA

Country of Residence:: U.S.
Street of Mailing Address:: 13 Medway Branch Road
City of Mailing Address:: Medway
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.
Postal or Zip Code of Mailing Address:: 02056

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Douglas
Middle Name:: E.
Family Name:: Godshall
Name Suffix::

City of Residence:: Franklin
State or Province of Residence:: MA
Country of Residence:: U.S.
Street of Mailing Address:: 34 Town Line Road
City of Mailing Address:: Franklin
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.
Postal or Zip Code of Mailing Address:: 02038

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Willett
Middle Name:: F.
Family Name:: Whitmore
Name Suffix:: III
City of Residence:: Sarasota
State or Province of Residence:: FL
Country of Residence:: U.S.
Street of Mailing Address:: P.O. Box 25367

City of Mailing Address:: Sarasota
 State or Province of Mailing Address:: FL
 Country of Mailing Address:: U.S.
 Postal or Zip Code of Mailing Address:: 34277

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/300,657	04/27/99
09/300,657	Continuation of	08/743,885	11/06/96
08/743,885	An application claiming the benefit under 35 USC 119(e)	60/006,259	11/07/95
08/743,885	An application claiming the benefit under 35 USC 119(e)	60/025,284	09/19/96
08/743,885	An application claiming the benefit under 35 USC 119(e)	60/009,983	01/16/96

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::